

**City of Scottsdale**  
**SCOTTSDALE CARES**  
**UTILITY BILLING DONATION PROGRAM**  
**ELIGIBLE ACTIVITIES AND GENERAL INFORMATION**  
**FY 2009/2010**

**ELIGIBLE ACTIVITIES**

Scottsdale Cares is a program funded by Scottsdale residents for Scottsdale residents. Residents fund the program by making one dollar monthly contributions through their City utility bill. Scottsdale Cares funds are awarded on a competitive basis to non-profit 501(c)3 agencies which serve Scottsdale residents.

The City of Scottsdale has latitude in the allocation of Scottsdale Cares funds. However, activities must fall within one or more of the following eligible activities:

- Promote the positive development of youth, adults, and/or seniors
- Strengthen the capability of families and the self-sufficiency of adults
- Assist Scottsdale residents of all ages to address crisis needs

**Activities should meet the following requirements:**

- Grants should support persons in need
- Agency must clearly identify how the funds will be spent
- Agency must be able to measure the success and impact of the program
- Grants should be used within the funding cycle
- Agency must be in good financial shape
- Agency may apply for Scottsdale Cares funding for one program only

Scottsdale Cares prefers to fund direct service in a specific program rather than fund general support; however, it will fund general support if everything the agency does fits into one of the eligible activities.

**Scottsdale Cares will not fund:**

- Capital expenditures
- Pass-through funding
- The Human Services Commission reserves the right to solicit applications for services in specific categories during the application process, but once applications are received, all proposals will be competitively evaluated.

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**PAYMENT OF FUNDS**

The Scottsdale Cares grants are not reimbursement type grants. Funds will be allocated for payment based on the dollar amount of the contract.

For contracts less than \$25,000, payments will be made in two equal amounts. The first half of the grant will be issued upon receipt of an approved invoice dated 7/1/2007 or after, contract compliant insurance certificates, and final 2007/08 performance report. The second half of the grant will be issued after the receipt of 1) an approved invoice dated 1/1/2008 or after and 2) receipt of performance report for the period of July-Dec 2008.

For contracts \$25,000 or greater, payments will be made in three installments (50% July, 25% January and 25% April). Reporting is required on a quarterly basis. Invoices will be paid upon receipt of an approved invoice, compliant insurance certificate, and receipt of applicable performance reports.

**ADDITIONAL GUIDANCE**

Considering the broad range of activities that Scottsdale Cares funds, we cannot hope to provide answers to all questions about activity eligibility or suitability in this brief summary. To avoid potential problems, applicants are encouraged to contact Cindy Ensign in the Human Services Administration Office at (480) 312-2646 for further clarification when requirements appear unclear.

**PROPOSAL INPUT INSTRUCTIONS**

- ❖ The attached PROPOSAL SUBMISSION is a preformatted word document that has specific fields where you will enter your information.
- ❖ Several of the areas are more condensed than in prior years, so please choose your words carefully. The fields will expand as you type, but do have limitations placed upon them.
- ❖ Use your TAB KEY to easily navigate through the form or you can also use your mouse
- ❖ Spell checking is not available, so please either spell check in another document and then cut and paste or visually check for spelling errors.
- ❖ If you encounter problems while entering into the form, please contact Cindy Ensign, Human Services Planner, at (480) 312-2646.

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**Annual Income Guidelines**

**Effective February 13, 2008 from the Department of Housing and Urban Development (HUD)**

<b>HOUSEHOLD SIZE (Persons)</b>	<b><u>30%</u></b>	<b><u>50%</u></b>	<b><u>80%</u></b>
1	\$13,500	\$22,450	\$35,950
2	\$15,400	\$25,700	\$41,100
3	\$17,350	\$28,900	\$46,200
4	\$19,250	\$32,100	\$51,350
5	\$20,800	\$34,650	\$55,450
6	\$22,350	\$37,250	\$59,550
7	\$23,850	\$39,800	\$63,650
8	\$25,400	\$42,350	\$67,800

**Median Family Income \$64,200**

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**EXAMPLE**

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**SCOPE OF WORK (Contract Exhibit A)**

**1. Agency Name:**

ABC Non-profit Agency

**2. Program Name:**

Emergency Homeless Shelter

**3. Total XXXXXX Funds Requested for this program:**

**\$20,000**

**4. Total of all funds needed to operate this program:**

**\$1,000,000**

**5. The requested funding will pay for the following specific unit of service(s).**

**Include the persons who will receive the service:** *(Pick a unit of service that coincides with the service to be performed such as bed nights for homeless shelters, meals for congregate or home delivered meals, hours for legal assistance, etc. and make sure the unit of service relates to the expenses listed on the Program Budget (Contract Exhibit B))*

- 4,000 bed nights will be provided to approximately 80 Scottsdale Residents
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**6. Define how you will determine client eligibility and how you will determine if you are serving Scottsdale Residents?** *If the service is provided to low or moderate income clients, explain how you will verify income.*

Each client's income is self-reported and documented at intake. Each client is asked the zip code of their most recent residence prior to coming to the shelter in order to document the city of origin.

**7. What is the timing of the program?** *(For services, what are the hours of*

Services are provided year-around, 24 hours a day, 7 days per week. Funding from this grant will help cover expenses from 7/1/2009 to 6/30/2010.